STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS4100AGZ	A. BUILDING _____ B. WING _____	09/08/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
V N SENIOR CARE INC OF SEVEN HILLS	993 GOLD BEAR DRIVE HENDERSON, NV 89052

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Y 000	Initial Comments This Statement of Deficiencies was generated as a result of the annual State Licensure survey conducted in your facility on 9/8/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The facility is licensed for nine Residential Facility for Group beds which provides care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was eight. Eight resident files were reviewed and three employee files were reviewed. One discharge file was reviewed. The following deficiencies were identified:	Y 000		
Y 434 SS=D	449.229(3) Emergency Drills NAC 449.229 3. A drill for evacuation must be performed monthly on an irregular schedule, and a written record of each drill must be kept on file at the facility for not less than 12 months after the drill. This Regulation is not met as evidenced by: Based on record review on 9/8/08, the facility did not ensure that monthly evacuation drills were conducted on an irregular schedule for 2 of the	Y 434		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 434	Continued From page 1 past 12 months. Findings include: The facility's monthly evacuation drill log did not contain documentation of drills conducted for November 2007 and February 2008. This was a repeat deficiency from the annual State Licensure survey completed 7/12/07. Severity: 2 Scope: 1 :	Y 434		
Y 435 SS=C	449.229(4) Fire Extinguisher; Inspection NAC 449.229 4. Portable fire extinguishers must be inspected, recharged and tagged at least once each year by a person certified by the State Fire Marshall to conduct such inspections. This Regulation is not met as evidenced by: Based on observation on 9/8/08, the facility failed to ensure that 2 of 2 facility fire extinguishers were inspected annually. Findings include: During the survey, it was observed that the two facility fire extinguishers had expired tags dated 7/30/07. The gauges on all of the extinguishers indicated the extinguishers were all charged.	Y 435		

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Y 435	Continued From page 2 Severity: 1 Scope: 3	Y 435		
Y 444 SS=B	449.229(9) Smoke Detectors NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility. This Regulation is not met as evidenced by: Based on record review on 9/8/08, the facility did not ensure smoke detectors were tested 5 out of the past 12 months. Findings include: The smoke detector testing log revealed that facility smoke detectors were not checked during the months of April, May, June, July, and August of 2008. Severity: 1 Scope: 2	Y 444		
Y 859 SS=D	449.274(5) Periodic Physical examination of a resident NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by	Y 859		

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Y 859	Continued From page 3 his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician. This Regulation is not met as evidenced by: Based on record review on 9/8/08, the facility did not obtain the results of an annual physical examination of a resident by their physician for 1 of 9 residents residing in the facility for longer than a year. Findings include: Resident #4 - Date of admission was 9/26/04. The resident's file did not contain the results of an annual physical examination of the resident by a physician for 2007. Severity: 2 Scope: 1	Y 859		
Y 874 SS=C	449.2742(2) Medication Administration NAC 449.2742 2. Within 72 hours after the administrator receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the resident's physician of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator. This Regulation is not met as evidenced by:	Y 874		

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Y 874	Continued From page 4 Based on record review on 9/8/08, the facility administrator did not ensure the medication profile reviews for 5 of 9 residents were completed every 6 months. Findings include: The files of Resident #4, #5, #6, #7, and #8 contained no evidence in the medication administration record or resident records that the administrator had ensured that medication reviews by a pharmacist/physician/ or nurse were completed. Severity: 1 Scope: 3	Y 874		
Y 877 SS=E	449.2742(5) OTC medications & Dietary Supplements NAC 449.2742 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medication and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. This Regulation is not met as evidenced by:	Y 877		

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Y 877	Continued From page 5 Based on record review and observation on 9/8/08, the facility failed to ensure that 1 of 9 residents had physician's approval for a dietary supplement and failed to include the supplement in the medication administration record (MAR). Findings include: During the review of Resident #3's medications, a bottle of Fish Oil, 1000 milligrams per caplet was noted to have the resident's name on the label. Review of the resident's file revealed there was no order by a physician approving the administration of this supplement, nor was Fish Oil listed on the Medication Administration Record. The caregiver on-site stated that the family had requested that the Fish Oil be given to the resident. This is a repeat deficiency from the annual State Licensure survey 7/12/07. Severity: 2 Scope: 2	Y 877		
Y 936 SS=E	449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.	Y 936		

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Y 936	Continued From page 6 This Regulation is not met as evidenced by: NAC 441A.380 Admission of persons to certain medical facilities, facilities for the dependent or homes for individual residential care: Testing; respiratory isolation; medical treatment; counseling and preventive treatment; documentation. (NRS 441A.120) 1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility. 2. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing or intermediate care shall: (a) Before admitting a person to the facility or home, determine if the person: (1) Has had a cough for more than 3 weeks; (2) Has a cough which is productive; (3) Has blood in his sputum; (4) Has a fever which is not associated with a cold, flu or other apparent illness; (5) Is experiencing night sweats; (6) Is experiencing unexplained weight loss; or (7) Has been in close contact with a person who has active tuberculosis. (b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the	Y 936		

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Y 936	Continued From page 7 test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner. (c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a single tuberculosis screening test annually thereafter, unless the medical director or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. A person with a documented history of a positive tuberculosis screening test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of symptoms of tuberculosis. (Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96; R084-06, 7-14-2006) Based on record review on 9/8/08, the facility did not ensure that 3 of 9 residents met the requirement for tuberculosis (TB) documentation. Findings include: Resident #1 - Date of admission 6/17/08. The resident's file did not contain documentation the	Y 936		

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Y 936	Continued From page 8 resident completed the required two-step TB skin testing. Resident #2 - Date of admission 2/1/08. The resident's file did not contain documentation the resident completed the required two-step TB skin testing. Resident #3 - Date of admission 6/8/07. The resident's file contained a negative chest x-ray report dated 5/28/07. The file did not contain proof the resident tested positive for TB. Severity: 2 Scope: 2	Y 936		
Y 944 SS=B	449.2749(2) Resident File / Discharge NAC 449.2749 2. The document required pursuant to paragraph (j) of subsection 1 must indicate the location to which the resident was transferred or the person in whose care the resident was discharged. If the resident dies while a resident of the facility, the document must include the time and date of the death and the dates on which the person responsible for the resident was contacted to inform him of the death. This Regulation is not met as evidenced by: Based on record review and interview on 9/8/08, the facility did not provide proper documentation regarding a resident who had been discharged.	Y 944		

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Y 944	Continued From page 9 Findings include: Record review of the most recently discharged resident (#9), revealed no documentation of the date of her discharge, who the resident left with or her destination. This is a repeat deficiency from the annual State Licensure survey of 7/12/07. Severity: 1 Scope: 2	Y 944		
YA645 SS=B	449.2704(1-5) Rate Agreement NAC 449.2704 The administrator of a residential facility shall, upon request, make the following information available in writing: 1. The basic rate for the services provided by the facility; 2. The schedule for payment; 3. The services included in the basic rate; 4. The charges for optional services which are not included in the basic rate; and 5. The residential facility's policy on refunds of amounts paid but not used. This Regulation is not met as evidenced by: Based on record review on 9/8/08, the facility did not ensure that a rate agreement was provided to 3 of 9 residents signed by the administrator and the resident or a representative for the resident. Findings include:	YA645		

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YA645	Continued From page 10 Files for Residents #2, 3, and 7 did not contain copies of rate agreements signed by the Administrator and the resident or a representative for the resident. Severity: 1 Scope: 2	YA645		